



2023 Membership Application

Online Application Available on HDA website at www.hdaassoc.org

JOIN HDA TODAY!

Applicant Information

Full Name: _____ Email: _____

Practice/Department Name: _____

USPO Address: _____

City: _____ State: _____ Zip: _____

Personal Email: _____

Alternate Email: _____

Cell: +1 _____ Business : +1 _____

Specialty Type

General

Prosthodontics

Endodontics

Orthodontics

Pediatrics

Oral Maxillofacial

Periodontics

Faculty

Other _____

Member Category	Dues
Dentist	\$250.00
Dental Hygienist	\$190.00
Dental Assistant	\$130.00
Dental Administrator	\$130.00
Resident	\$ 30.00
Lab Technician	\$130.00
Institution Membership	\$650.00
International	\$150.00
Student	\$ 25.00

Chapter Affiliation (Please select one)

Austin Hispanic Dental Association (Austin, Texas)

Canada Hispanic Dental Association

New Jersey Hispanic Dental Association

Greater Chicago Hispanic Dental Association

Greater Los Angeles Hispanic Dental Association

Utah Hispanic Dental Association

Greater San Antonio Hispanic Dental Association

Houston Hispanic Dental Association (Houston, Texas)

Massachusetts Hispanic Dental Association (Boston, Massachusetts)

New York Hispanic Dental Association (New York, New York)

North Texas Hispanic Dental Association (Dallas, Texas)

Puerto Rico Hispanic Dental Association (San Juan, PR)

Western Washington HDA

Cyber Chapter (If no affiliate)

HDA Association Contribution
(Tax deductible Under 501c(3) US IRS Rules)

Amount: \$ _____

Payment Information

Dues \$ _____

HDA Donation \$ _____

Total \$ _____

Dues run from January – December

We are leaders for Hispanic Oral Health providing Service, Education, and Leadership.

Payment by Credit Card (Circle one) Visa MC Discover AMEX

CC# _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City _____ State: _____ Zip: _____

Auto-Renew ___ Yes ___ No

Payment By Money Order/Checks – Payable to Hispanic Dental Association

Check number _____ Amount Enclosed \$ _____